

# Hawaii Immunization Program Videotape Request Form

**Name:**

**Title:**


**Agency:**

**Telephone:**

**Address:**

**Fax:**

**Email:**

Title	Source	Item Number	Check the item(s) you wish to borrow
Anthrax: What Every Clinician Should Know	CDC	V001	<input type="checkbox"/>
Epidemiology and Prevention of Vaccine-Preventable Diseases Videotape Series, 2005 	CDC	V003	<input type="checkbox"/>
Ice, Champagne and Roses – How to Protect Your Vaccine Supply	California Department of Health & Minnesota Department of Health	V004	<input type="checkbox"/>
Immunization Techniques: Best Practices for Health Care Providers	California Immunization Branch	V005	<input type="checkbox"/>
Immunization Update 2004	CDC	V006	<input type="checkbox"/>
School Health Requirements Update 2002	HIP	V007	<input type="checkbox"/>
Smallpox: What Every Clinician Should Know	CDC	V008	<input type="checkbox"/>
School Health Requirements: Screening and Documentation Rules	HIP	V009	<input type="checkbox"/>
How to Protect Your Vaccine Supply	CDC	V010	<input type="checkbox"/>
Vaccines and Your Baby	Children's Hospital of Philadelphia	V011	<input type="checkbox"/>
The Immunization Encounter: Critical Issues	CDC	V012	<input type="checkbox"/>

Please check one of the following options:

☐ Please contact me when my order is ready for pick-up at the Department of Health building located at 1250 Punchbowl Street, 4<sup>th</sup> Floor, Honolulu, Hawaii.

☐ I am unable to pick-up my order. Please mail it to the address indicated above.

Send your completed form to us by:

Fax: (808) 586-8302  
Attention: Project Development and Implementation Unit

OR

Mail: Hawaii Immunization Program  
1250 Punchbowl Street, 4<sup>th</sup> Floor  
Honolulu, Hawaii 96813  
Attention: Project Development and Implementation Unit